

**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: [ethics@hawaiiethics.org](mailto:ethics@hawaiiethics.org)

THIS SPACE FOR OFFICE USE ONLY

\*07 JUN 18 AIO :16

H0100  
HPSMA

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

### PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Hemmings	Lydia		263-3070
MAILING ADDRESS (Street)			FAX
490 Paumakua Way			262-5966
(City)	(State)	(Zip Code)	
Kailua	HI	96734	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Hawaii Psychiatric Medical Association			263-3070
MAILING ADDRESS (Street)			FAX
1360 Beretania St., 2nd Floor			262-5966
(City)	(State)	(Zip Code)	
Honolulu	HI	96814	

### PART II ORGANIZATION

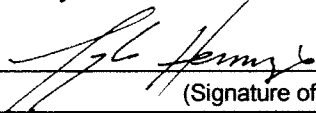
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Hawaii Psychiatric Medical Association	263-3070	
MAILING ADDRESS (Street)	FAX	
1360 S. Beretania St., 2nd Floor	262-5966	
(City)	(State)	(Zip Code)
Honolulu	HI	96814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Lydia H. Hemmings	263-3070	
MAILING ADDRESS (Street)	FAX	
490 Paumakua Way	262-5944	
(City)	(State)	(Zip Code)
Kailua	HI	96734

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Agriculture                               | <input checked="" type="checkbox"/> Education           | <input checked="" type="checkbox"/> Human Services                          | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities         | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                                  |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input checked="" type="checkbox"/> Hawaiian Affairs    | <input checked="" type="checkbox"/> Labor & Employment                      | <input checked="" type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input checked="" type="checkbox"/> Health              | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                               |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input checked="" type="checkbox"/> Housing             | <input checked="" type="checkbox"/> Public Safety & Corrections             | _____  |

**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*



(Signature of Lobbyist)

6-24-07

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
------	--

Rupert Goetz, MD, President

NAME OF ORGANIZATION (if applicable)
Hawaii Psychiatric Medical Association

TELEPHONE
263-3070

MAILING ADDRESS (Street)
1360 S. Beretania St., 2nd Floor

FAX
262-5966

(City)	(State)	(Zip Code)
Honolulu	HI	96814

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*



(Signature of Authorizing Officer or Person Represented)

6-14-07

(Date)